

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4957**

FILED DEC 14 1948

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2620 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **45 yrs.** (years, months or days)

3. (a) PRINT FULL NAME **EWING M. HALL**
(b) If veteran, name war **No.**
(c) Social Security No. **486-09-6174**

4. Sex **— M —** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Myrtle**
(c) Age of husband or wife if alive **29** years
7. Birth date of deceased **Oct 31 1879**
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **3**
If less than one day hr. _____ min. _____

9. Birthplace **Irka, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Businessman**

11. Industry or business **Business**

12. Name **William Hall**
13. Birthplace **Kansas City, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Miss Lancaster**
15. Birthplace **Kansas City, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle Hall, wife**
(b) Address **2620 Benton Blvd.**

17. (a) **Removal** (b) Date thereof **12-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Hope Cem. R.C. Co.**

18. (a) Signature of funeral director **F. A. Perry**

(b) Address **R. C. Kane**

19. (a) **12-4-48** (b) **Sheraldine Holmes**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2620 Benton Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **4**
year **1948** hour **1** minute **10 A.M.**
21. I hereby certify that I attended the deceased from **July 31**, 19**48**, to **Dec 4**, 19**48**
that I last saw him alive on **Nov 28**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach with liver metastases**
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) **HU**

Major findings: **Carcinoma of stomach with liver metastases**
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Yes**

Jos. W. Parker, Jr.
(Specify type of place) (e) Means of injury _____
While at work _____

23. Signature **Jos. W. Parker, Jr.** (M. D. or other) _____
Address **915 Maple Blvd.** Date signed **12/4/48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed George A. Reising
Licensed Embalmer No. 4468
P. O. Address K. C. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.